

Sep 24 19, 05:42p 642 Global Group

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STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2019 - 312 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Best Limousine Company LLC Telephone: 843-800-1100

Address: 153 Wild Holly Drive Fax: 843-499-8204

Moncks Corner, SC 29461

Other:

Email: Mike@bestlimousinecompany.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input checked="" type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED
SEP 24 2019
PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

Date: 9/23/19

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Best Limousine Company LLC
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

153 Wild Holly Drive, Moncks Corner, SC 29461
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

843-800-1100
Phone

843-499-8204
Fax

mike@bestlimousinecompany.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and addresses of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

LYNDA D. Spillman, 153 Wild Holly Drive, Moncks Corner, SC 29461
Michael A. Spillman, 153 Wild Holly Drive, Moncks Corner, SC 29461

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	<input type="text"/>	Mortgage/Loan on Real Estate	<input type="text"/>
Value of Motor Vehicles	<input type="text" value="52,000"/>	Loans Owed on Motor Vehicles	<input type="text" value="47,500"/>
Cash on Hand	<input type="text" value="2,500"/>	Business/Other Loans Owed	<input type="text"/>
Cash in Bank	<input type="text" value="13,000"/>	Other Liabilities or Debts	<input type="text"/>
Value of Other Assets and Equipment	<input type="text" value="7,500"/>	Total Liabilities	<input type="text" value="47,500"/>
Total Assets	<input type="text" value="75,000"/>		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

\$100 per hour

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☐ 1-7 Passengers, including driver
- ☒ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
FORD	2019 TRANSIT	1FBVU4XG9KKB30228	7124lbs

INSURANCE QUOTE**This form MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Best Limousine Company LLC

Name of Applicant

153 Wild Holly Drive, Moncks Corner, SC 29461

Address of Applicant

Amount of Premium:**Limits Quoted: (See Below)**

Liability Insurance \$ 6527

Limits \$1,000,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1-7 Passengers* \$ 25,000/50,000/25,000

* Passengers = Number of seatbelts in the vehicle,
including the driver's seatbelt

8-15 Passengers* \$ 25,000/100,000/25,000

Columbia Insurance Company

Name of Insurance Company

1314 Douglas Street, Omaha, NE 68102

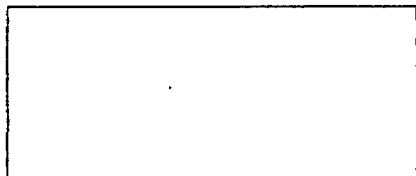
Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.



Risk Placement Services, Inc. - Charlotte
 Rexford Road Park II
 2115 Rexford Road, Suite 520
 Charlotte, NC 28211

Retail Producer:

Jon Locher
 Thomas Wood Insurance Agency, LLC
 105 Dovershire Ct.
 Cary, NC 27513
 Phone: (919) 698-1206
 Fax: (800) 690-4958
 Email: jmlocher311@gmail.com

August 19, 2019

RPS Submission #: 2947139A

PROPOSAL OF INSURANCE

Insured Name: 642 Global Group LLC
Policy Period: 8/14/2019 to 8/14/2020
Insurance Carrier: Columbia Insurance Company NAIC #: 27812
Admitted / Non-Admitted: Admitted
A. M. Best Rating: A++ XV

This quote is valid for 30 days or until the proposed inception, whichever is later.

153 Wild Holly Drive,
 Moncks Corner, SC 29461

Coverage: Business Auto

\$1,000,000	Auto Liability
\$75,000	UM - BIPD
\$75,000	UIM - BIPD
\$47,900	Physical Damage

Deductible

\$1000 Comp/Coll

Risk/Rating Information

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Risk Placement Services, Inc.

Knowledge. Relationships.
Trust. Confidence.

Risk Placement Services, Inc. - Charlotte
 Rexford Road Park II
 2115 Rexford Road, Suite 520
 Charlotte, NC 28211

RPS Contact:

Davis Hollis

Underwriter Associate

Phone:

Fax: (704) 264-0102

Email: Davis_Hollis@rpsins.com

August 19, 2019

RPS Submission #: 2947139A

Proposal of Insurance

APPLICANT:

642 Global Group LLC
 153 Wild Holly Drive
 Moncks Corner, SC 29461

COVERAGE:

NonFleet - Package

SUBMITTED TO:

Jon Locher
 Thomas Wood Insurance Agency, LLC
 105 Dovershire Ct.
 Cary, NC 27513
 (919) 698-1206
 jmlocher311@gmail.com

RETAIL PRODUCER COMMISSION: 10%**How to order coverage (Retail Agent)**

You do not have authority to bind this coverage; we require a written request to bind. You can easily order coverage by completing the fields below and either faxing or emailing this page to the number or address listed at top

REQUESTED EFFECTIVE DATE: _____

PREMIUM FINANCE COMPANY: _____

PERSON REQUESTING BINDER: _____

DATE REQUESTED: _____

I HAVE INCLUDED THE NECESSARY DOCUMENTATION BELOW IN ORDER TO BIND COVERAGE:

—	Completed, Signed Application	—	Required Loss Runs	—	Other Required documents:
—	UM Selection Form	—		—	

The coverages described in this quote may not conform to the terms you requested. You are responsible for outlining and explaining to your client the coverages offered, including other options, whether available through RPS or not. The coverage terms attached are not fully described, and no assumption should be made as to the adequacy of coverages offered, as compared to the exposures of your client.

Actual coverage forms are available on request.

Since you are not an agent of the insurer, you cannot bind coverage nor make any commitments on behalf of either the insurer or RPS.

Premium Summary

<u>Coverage</u>	<u>Premium</u>	<u>Commission%</u>	<u>MEP % -If varies from policy MEP</u>
Auto Liability	\$6,527.00	10.00	
Physical Damage	\$1,722.00	10.00	

Premium **\$8,249.00**

Minimum Earned Premium:

(All applicable taxes and fees are Fully Earned at binding unless otherwise specified.)

Fees:

TRIA:

SURPLUS LINES TAXES: Tax State (or home state): SC

TAXES

TOTAL CHARGES **\$8,249.00**

Coverage Notes

After binding, flat cancellation is not permitted. Minimum earned premium provision applies.

Forms / Endorsements**Terms & Conditions**

IN ORDER TO BIND COVERAGE, please provide the following additional information. Please note, coverage and premium terms are subject to change or withdrawal pending review and underwriting approval of this additional information:

Binder Issuance is Subject To:

- Single state filing
- Drivers and losses as presented
- Scheduling all owned/operated/leased units
- No HCNO

STANDARD PREMIUM FINANCE MANAGEMENT CORP. PO BOX 522941 MIAMI, FLORIDA 33152-2941

CONTRACT NO. 0 PREMIUM FINANCE AGREEMENT

THIS AGREEMENT is made on the date indicated between the assured and STANDARD PREMIUM FINANCE MANAGEMENT CORPORATION, a Florida Corporation hereinafter called "SPFMC", for the financing of the balance of the premiums on the following insurance policies:

POLICY NUMBER	Full Name and Address of Insurance Company and Name & Address of General Agent to which policy premium is paid	FOR SPFMC USE ONLY	INCEPTION DATE	POLICY EXPIRES	TYPE OF COVERAGE	PREMIUM							
	COLUMBIA INSURANCE/OWEN M. ROLLINS SCOTTSDALE INSURANCE/TOWNE INSURANCE		09-23-2019 09-23-2019	09-23-2020 09-23-2020	COMM. AUTO GENERAL LIA	\$8,249.00 \$689.00							
<input checked="" type="radio"/> Coupons <input type="radio"/> ALU <input type="radio"/> Monthly Billing						AGENCY FEE 0.00							
(A) CASH PRICE (Total Premiums)	(B) YOUR CASH- DOWN PAYMENT	(C) AMOUNT FINANCED The Amount of credit provided to you or on your behalf. Unpaid balance of cash price.	(D) FINANCE CHARGE The dollar amount the credit will cost you	(E) DOCUMENTARY STAMPS State required documentary stamps.	(F) Total of Payments (BALANCE DUE) The amount you will have paid after you have made all pay- ments as scheduled.	(G) ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate	(H) DEFERRED PAYMENT PRICE (B plus F)						
\$8,938.00	\$2,234.50	\$6,703.50	\$319.29	\$0.00	\$7,022.79	11.29	\$9,257.29						
State Documentary Stamp Tax Where Applicable by Law in the amount stated above will be paid directly to the Department of Revenue			YOUR PAYMENT SCHEDULE WILL BE: <table border="1"> <tr> <td>Amount of Each Payment</td> <td>Number of Payments</td> <td>Payments are Due Monthly</td> </tr> <tr> <td>\$780.31</td> <td>9</td> <td>Beginning 10-23-2019</td> </tr> </table>					Amount of Each Payment	Number of Payments	Payments are Due Monthly	\$780.31	9	Beginning 10-23-2019
Amount of Each Payment	Number of Payments	Payments are Due Monthly											
\$780.31	9	Beginning 10-23-2019											
SECURITY: You are giving a security interest in any and all unearned return premiums, dividends and loss payments which may become payable under the policies. LATE CHARGE: If a payment is 5 days late, you will be charged 5% of the late installment, but no less than \$1.50 for Georgia, Florida, Alabama and Mississippi, not less than \$1.00 for South Carolina, in Texas and Tennessee, if a payment is 10 days late, you will be charged 5% of the installment, but no less than \$2.00 for Tennessee or otherwise prescribed by the state jurisdiction (not to exceed \$10.00 on personal lines in Florida). PREPAYMENT: If you payoff early, you may be entitled to a refund or part of the finance charge, although you may have to pay a prepayment penalty. See the reverse side/page 2 of this document for additional information about nonpayment, default, and prepayment penalties.													

FEDERAL TRUTH IN LENDING DISCLOSURES

FOR VALUE RECEIVED: the undersigned insured promises and agrees to pay to the order of "SPFMC" the sum of (being the total of payments above) pursuant to all of the terms and conditions contained in the Schedule above and in the Terms and Conditions of this agreement, all of which are incorporated herein.

\$7,022.79

NOTICE: SEE REVERSE SIDE/PAGE 2 FOR IMPORTANT INFORMATION

1. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACE. 2. YOU ARE ENTITLED TO A COMPLETELY FILLED-IN COPY OF THIS AGREEMENT. 3. UNDER THE LAW, YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CONDITIONS OBTAIN A PARTIAL REFUND OF THE FINANCE CHARGE.

DO NOT SIGN THIS AGREEMENT UNTIL ALL REMAINING CONDITIONS ON REVERSE SIDE/PAGE 2 HAVE BEEN READ BY YOU.

THE UNDERSIGNED EXECUTED THIS LOAN AGREEMENT AND RECEIVED A COPY THEREOF THIS 23 DAY OF September 2019

(PRINT OR TYPE)

BEST LIMOUSINE COMPANY LLC

INSURED NAME (as stated in policy)

C/O

153 WILD HOLLEY DRIVE

Address

MONCK'S CORNER, SC, 29461


(843) 751-1489

City, State Zip Code

Home phone

Work phone

Policy will be cancelled for Non-Payment
SIGNATURE OF INSURED (If Corporation, Title of Officer Signing)



X

Info@bestlimousinecompany.com

S.S. # or Business I.D. #

Driver's License

AGENTS NOTE: The undersigned agent hereby certifies that all policies listed above hereof have been issued and delivered and that the down payment as shown in the contract has been paid by or on behalf of the insured and that all policies listed therein were issued by this agency. The undersigned warrants that the above contract evidences a bona fide and legal transaction, that the assured is of legal age and has capacity to contract, that the signature is genuine and that he has delivered a copy of this contract to the insured. The agent further states that none of the policies listed hereon contain an audit or reporting form. Agent acknowledges that it is not affiliated in any capacity or manner with SPFMC and agrees in the event of cancellation to remit the gross unearned commissions or unearned premiums to SPFMC upon request.

DRAFT#1()

DRAFT#1()

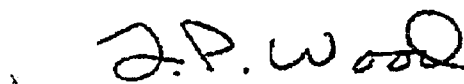
THOMAS WOOD INSURANCE AGENCY

50037

105 DOVERSHIRE CR

CARY, NC, 275130000

PRINT NAME AND ADDRESS OF AGENT OR BROKER OF THE INSURANCE POLICY (IES)



SIGNATURE OF BROKER OR AGENT

Sep 24 19, 05:44p

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Exhibit Fit, Willing, and Able (FWA)

Best Limousine Company LLC

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes☐ No

5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

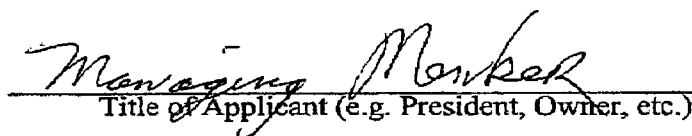
S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

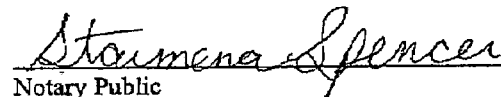

Applicant's Signature


Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)

COUNTY OF Berkeley)

SWORN TO BEFORE ME
This 24th day of September, 2019

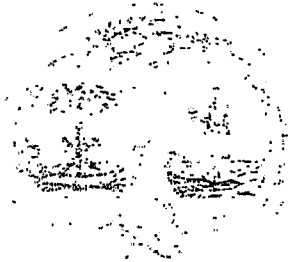

Notary Public

Commission Expires 04-08-2024



Print Application

The State of South Carolina



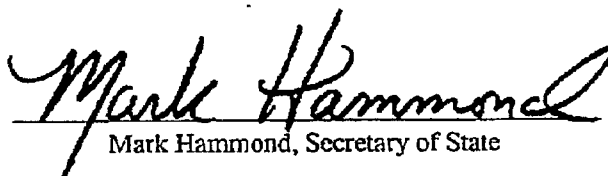
Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Best Limousine Company LLC, a limited liability company duly organized under the laws of the State of South Carolina on September 3rd, 2019, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 23rd day
of September, 2019.


Mark Hammond, Secretary of State

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

BEST Limousine Company LLC

*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "LLC", "LLC", "L.C.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

153 Wild Holly Drive

(Street Address)

Moncks Corner, SC 29461

(City, State, Zip Code)

3. The initial agent for service of process is

LYNDA D. Spillman

(Name)

Lynda D. Spillman

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:

153 Wild Holly Drive

(Street Address)

Moncks Corner

(City)

South Carolina

29461

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

LYNDA D. Spillman

(Name)

153 Wild Holly Drive

(Street Address)

Moncks Corner, SC 29461

(City, State, Zip Code)

BEST LIMOUSINE COMPANY
LLC

Name of Limited Liability Company

(b) Michael A. Spillman

(Name)

153 Wild Holly Drive

(Street Address)

Moncks Corner, SC 29461

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____

6. ☒ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a) LYNDA D. Spillman

(Name)

153 Wild Holly Drive

(Street Address)

Moncks Corner, SC 29461

(City, State, Zip Code)

(b) Michael A. Spillman

(Name)

153 Wild Holly Drive

(Street Address)

Moncks Corner, S.C. 29461

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time _____.

BEST Limousine Company
LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Synda D. Spillman

Signature of Organizer

Date: 9/3/2019

Michael C. Spillman

Signature of Organizer

Date: 9/3/2019